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ABSTRACT

Reviewed are present and potential services and social programs for handicapped children in Mississippi through purchase of service contracts under Title XX of the Social Security Act. Sections cover the following topics: background and purpose of Title XX which gives states greater control over social service programs, planning state supported and private programs for the handicapped, types of social services provided (which include day care for handicapped children and adults, diagnostic and evaluation services, and counseling for self-care), monitoring and evaluation of programs, gaps in service provision (such as the need to include more fee paying clients), and problems for the future (such as lack of adequate funding). (SBH)

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COMPREHENSIVE SOCIAL SERVICE PROGRAMS FOR HANDICAPPED CITIZENS THROUGH TITLE XX

(A Review of Present and Potential Services and Social Programs for Handicapped Children in Mississippi Through Purchase of Service Contracts Under Title XX of the Social Security Act.)

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AUTHORITY AND BACKGROUND

Title XX provision for social services was implemented on October 1, 1975. Generally referred to as "special social service revenue sharing," Title XX is a result of the 1974 amendments to the Social Security Act of 1934 and was signed into law on January 4, 1975. Basically Title XX was an effort to consolidate categorically related social services under Titles I, IV-A, VI, X, XIV, and XVI of the Social Security Act. Because of restrictive regulations promulgated by the Department of Health, Education and Welfare, in 1973 and 1974, and the resultant 200,000+ letters received by Department of Health, Education and Welfare during the comment period, significant changes were made in social service legislation resulting in Public Law 93-647 (Title XX). The new law was meant to give states greater control over social service programs; however, the major difference between the new law and past policy is that program guidelines are now spelled out in the legislation rather than left to the discretion of the Department of Health, Education and Welfare.

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In this political era of participatory democracy, Title XX mandates public participation in the planning process. Public participation significantly impacted final legislation and in most states public participation continues to impact on final comprehensive social services program plans.

Social service programs under Title XX are largely federally funded. In 1972 the amendments to the Social Security Act established a ceiling on social service expenditures. Once an open-ended appropriation, the Federal government placed a 2.5 billion dollar ceiling on social service expenditures. Allocations were made to the states on the basis of population, rather than need. The State of Mississippi is allocated 27.4 million dollars for fiscal year 1977. This means that up to 27.4 million, the Federal government will participate in 90% of the cost of family planning services and 75% of other service costs, provided five distinct guidelines are followed: [2]

> Each service provided must contribute to the achievement of at least one of the five national goals.
>
> At least one service must be directed toward the achievement of each of the five national goals.
>
> At least three services must be provided in each locality for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) recipients.
>
> A sum equal to 50% of the federal share of Title XX funds must be expended on services for AFDC and SSI recipients.

Before Title XX, individuals in need of services were subjected to rigorous eligibility tests. Income criteria (means tests) and categorical relationship to public assistance requirements had to be established.

Frequently, this meant only single-headed households were eligible for services. Persons who were handicapped had to meet medical requirements, and if a child, had to be deprived of parental care through desertion, divorce, or incarceration. Now, persons receive services based only on income criteria. Those whose incomes exceed 80 percent of the states median income adjusted to family size must pay a fee set by the state. One of the fallacies of the income-based criteria is the fact that persons with handicapping conditions have increased social and economic needs that cannot be met by the same guidelines for the rest of the population.

PLANNING PROCESS

In 1971 prior to Title XX, the State of Mississippi, Department of Public Welfare began purchasing social services through contractual agreements with public and private agencies. Ten years before Title XX, in 1965, Mississippi only had five community based programs serving handicapped or exceptional children. By October, 1975, Mississippi, through the Department of Public Welfare, had expanded services to over forty community based social service programs. This is especially significant since the Department of Public Welfare established its first program for retarded children early in 1972. The social services purchased prior to Title XX were primarily in the area of child day care services. These programs were designed to meet the developmental needs of each child on an individualized basis. Counseling for families of these exceptional children was made available through the use of social workers.

Because the state of Mississippi was very limited in state supported programs, and private programs were virtually unheard of for the handicapped, some methodical planning had to be undertaken. The State Department of Mental Health made plans to erect two additional institutions to complement the two state institutions for mentally retarded persons. Since services given in institutions for handicapped

persons was the "accepted" mode of service delivery, Mississippi along with other states was in great need of additional bed space. Judicial decisions such as Wyatt V. Stickney were pending. How did planning take place when so much was needing to be done? From where were the local or state funds going to come? Was the State Welfare Department willing to commit a fair share of the Federal social services funds to exceptional children and adults?

A very simple and practical plan was conceived in the minds of some key persons, with a short-range objective of establishing as many community programs as possible in the first year. Primarily the purpose was to quickly affect the attitudes of parents of handicapped children and adults, educators, social service agencies, community leaders, and legislators. It had to be shown through visible means that every handicapped child or individual, having the right to develop to his/her fullest potential, could best achieve these goals through community based, directed, and sponsored programs. Two state agencies, the State Department of Mental Health, Division of Mental Retardation, and the State Department of Public Welfare, Division of Social Services, set about to find the funds, write the programs for funding, manage the programs and be accountable not only to Federal authorities but to the state for the quantity and quality of service provision. Where state funds were not available, local associations for Retarded Children, now known as Associations for Retarded Citizens significantly contributed toward the establishment of day care centers. Facilities were located, renovated by local volunteers, and fund drives initiated.

From the onset of the first programs, and not only because state funds were not appropriated, a general rule was established. Local support through cash funds and efforts would be necessary if the State of Mississippi were going to be successful in its plan to develop additional resources for handicapped citizens.

A balanced effort between local, state and federal authorities must be maintained. Past experience had proved that if the state and federal government provided all the funding, local support in the form of cash would not be forthcoming when or if needed in the future. Therefore, programs were established in geographically regional sections of the state, creating more visability. Standards for quality programs were established, and cost policies were developed.

Educators in public school systems found that programs could be developed for the severely and profoundly handicapped children. They won support from the State Department of Education by obtaining approved teacher units with 60% of salaries of certified teachers paid by state appropriations. Even state laws were written and enacted giving additional appropriations to various state agencies for these programs.

All these events had occurred prior to Title XX. By the time planning was made for the first Title XX program year, the State Department of Mental Health had successfully operated satellite day care centers in several areas of the state and had been able to turn the operation over to public school systems who contracted directly with the State Welfare Department. Because of the administrative charge required by the State Welfare Department, the State Department of Mental Health (Division of Mental Retardation) was successful in getting earmarked appropriations to be used to pay the cash administration fee charged by the Department of Public Welfare. Every prospective Purchase of Service contractor could make application to the State Department of Mental Health to pay this charge. Prior to the final plan publication, many meetings and discussions were held with State representatives from Welfare, Mental Retardation division and federal representatives to begin preparation for the defining of other social services needed by this population.

SERVICES PROVIDED

Comprehensive social services were needed for all handicapped persons. Therefore, services needed to be expanded to cover all geographic areas of the state. Proper screening, testing and evaluations had to be accessible in order to determine the type(s) of program needed by each individual person. Once the diagnostic evaluation was made, and prescriptive programs written, the method of delivery could be chosen, and if not available, developed.

In order to provide a comprehensive delivery of social services to handicapped persons, it was determined that the following services were ready to be undertaken:

1. Diagnostic and Evaluation Services would be given to every Title XX eligible child or adult who is developmentally disabled through three locations in the State, one in the north, central and southern part of the state. At least 4 to 8 disciplines would be available to diagnose and write individual prescriptive programs for each child or adult. This service is only available to those children or individuals who through pre-testing are found to be able to remain in the community. Title XX does not allow this service for those individuals who are to be institutionalized. Services to individuals in institutions is regarded as intrinsic to the function of the institution and cannot be paid through Title XX.
2. Diagnostic and Evaluation Services were needed for the public school systems to test children for proper placement in their educational programs. Therefore, through state funds appropriated to the State Department of Education, a Title XX program was written to cover all

Title XX eligible children with any type learning problem. Services will be provided through five locations throughout the State at the Mississippi Learning Resource Centers. Through this contract, other Purchase of Service contractors will be able to take advantage of this service thereby relieving them of the cash matching for this service in each of their contracts.

3. Diagnostic and Evaluation Services for children who are physically handicapped, cerebral palsied, and with other multiple handicaps, are provided through a contract with another state agency, the Mississippi Treatment and Training Center.

Three different contractors provide this service for Title XX persons. If income renders a person ineligible, then the service can be given and the unit cost paid by the individual. This service is presently unavailable on a fee basis, because policy on unit costs has to be developed and must fit the reasonableness or going rate in the community. Once the service is given for a period of time and quality of service is evaluated, unit costs policy can be fixed by the State Welfare Department.

Although child day care programs were the first social service programs developed and continue to provide the better alternative programs to prevent institutionalization, other services had to be developed to carry out the prescriptive programs written by the diagnostic and evaluation teams. Homebound children

and parents needed special training. If a day care setting was not available, other forms of services had to be provided. The decision was made that an all encompassing and inclusive definition for a new service would be written for Mississippi's Title XX plan. This service is called Special Services for the Handicapped: Developmental Day Training and is defined as follows:

> Developmental training for an adult or child for a portion of a day, but less than 24 hours, in the person's own home or an approved facility. Day training may be provided on a partial (less than 4 hours) or full day (four or more hours).
>
> Note: Handicaps may include any one or a combination of conditions related to cerebral palsy, epilepsy, mental retardation, learning disabilities, blindness, deafness, muscular dystrophy, sickle-cell anemia, multiple sclerosis, hemophilia, arthritis, speech impairments, physical and neurological deficiencies, and mental and emotional illness. Counseling with individuals and families is an activity inherent in every Special Service to the Handicapped.
>
> Activities include:
>
> 1. Training in self-help skills; mobility; acculturation and/or socialization skills; motor, cognitive, perceptural, and communicative skills.
> 2. Recreational and leisure time activities.
> 3. Health, safety, and nutrition training.

4. The provision of special aides such as talking books, hearing aides, glasses, styli and other braille items, and appliances such as wheel chairs or prosthetic appliances to increase the learning or functional capacities of the handicapped person.

Source of service is a purchase of service contractor. Presently twenty-six contractors provide this service in all 82 counties in Mississippi. Eleven public school districts, eight State Agencies, three public community Mental Health Centers, three private agencies and one proprietary agency provide this particular service. Children with multiple exceptionalities are served including blind and deaf children.

Because of the widespread acceptance of such programs as Special Olympics, Special Services for the Handicapped Camperships was included in the State Plan. Recreational services and therapeutic activities could be provided through camping programs where any Title XX handicapped child would have the opportunity to attend camp for a week to two weeks during the year. Camping programs were to be scheduled continually throughout the year, and the service is to be available on a statewide basis.

Counseling for self-care is a service provided in school districts and primarily serves the handicapped student and his family who need assistance in helping with other social service needs while at the same time serving to bring the family, school and community together for the educational benefit of the child.

Once a child goes as far as he/she can in public school special education classes, or in day care settings, a continuum of services follow for the young adult

through work activity programs. These programs deal in continued self-help skills while at specific periods of the day work related activities are conducted. Incentive payments are made to the individual for the work related activities performed. Only those individuals who are not feasible for vocational rehabilitation services are provided services in the work activity programs. Many individuals are now progressing beyond work activity programs to Sheltered Workshops provided by Vocational Rehabilitation.

Transportation services may be provided to eligible persons either as a component in a day care program or another service or as a separately contracted service. For those persons still needing protective care, day care for handicapped adults is provided.

Child Abuse in the United States is a major social problem. Mississippi has had over 290 cases reported in 1977 fiscal year and over 50 percent is attributed to parents who are handicapped by mental retardation or mental illness, or the abused child is handicapped. Frequently brain damage results from child abuse. Mississippi is attempting to meet this protective service need through contractual services through the provision of emergency 30 day shelter services for mentally retarded children. After the facility was approved and opened for service provision within the first two weeks the facility received eight requests for service to adults. Title XX does not allow emergency shelter as a protective service to adults without regard to income. This is presently an unmet need, but justification and need are verified and a new service will probably be developed during the next Title XX program year.

Children who are mentally retarded, behaviorally disturbed, in trouble with the law, or who are first offenders or potential first offenders will now be served in Mississippi. Through the efforts of the State Department of Mental Health, Division of Mental Retardation, a contract was written to serve these children who have never had a special program to deal with their special problems, neither has the State ever before had an opportunity to pioneer in combating this particular social problem. A comprehensive residential social treatment center will provide intensive treatment and training for a period of six months. If treatment is progressing when the six months are up, room and board will not be paid by Title XX, but treatment can continue for as long as appropriate. This program is now ready for implementation and may prove to be a model for the rest of the nation.

Table 1 gives a breakdown of services provided by purchase of service contracts, percentage of funds for each service, dollars to be expended, number of service recipients per service and costs per unit of service for each service. For the 1976-77 program year, Title XX is expected to expend 17.2 million dollars in total expenditures through contractual services. Handicapped children and individuals will receive 7.3 million dollars in services, or 42.4 per cent of the total estimated expenditures. From the discussion presented herein, the exceptional child, or adult in Mississippi will receive an equitable share of Title XX funds.

TABLE 1
SERVICES PURCHASED FROM TITLE XX FOR HANDICAPPED CITIZENS
MISSISSIPPI STATE PLAN, 1976-77

SERVICES	TOTAL TITLE XX FUNDS (PERCENTAGE)	TOTAL AMOUNT TO BE EXPENDED (DOLLARS) (STATE/LOCAL/FEDERAL)	NUMBER TO BE SERVED	AVERAGE COST PER UNIT OF SERVICE
1. Day Care for Handicapped Children*	22	3,788,844.32	1,297	15.82
2. Day Care for Handicapped Adults	6.6	1,141,716.32	506	12.76
3. Emergency Shelter for Mentally Retarded Children	.03	59,042.00	36	19.06
4. Comprehensive Social Treatment: Residential**	.062	106,432.00	10	28.57
5. Diagnostic and Evaluation Services for Developmental Disabled	2.2	378,350.45	515	155.74
6. Diagnostic and Evaluation Service for Children with Learning Problems	.064	110,557.00	500	148.00
7. Diagnostic and Evaluation Service for Physically Handicapped	.052	88,848.00	50	145.50
8. Special Services for Handicapped: Developmental Day Training	6.9	1,20[illegible],095.23	2,391	17.04
9. Special Services for Handicapped: Campership	1.5	270,000.00	900	25.[illegible]
10. Counseling for Self-care	1.6	286,425.04	695	13.41
11. Transportation	.016	28,719.00	60	.68
12. Work Activity Service	.027	47,008.00	60	14.76
Total	42.0 ***	7,331,706.71	7,020	

* Includes trainable mentally retarded, learning disabilities, developmentally delayed.
** For children who are behaviorally disturbed first offenders or potential offenders.
*** 42% represents the amount of Title XX funds allowed for handicapped citizens against 58% for all other service costs.

MONITORING AND EVALUATION

Purchase of Service contracts are monitored, audited and evaluated by staff of the Department of Public Welfare, Purchase of Service Program and fiscal staff. Program staff monitor a contract once to twice a year, and monthly desk reviews of expenditures are made prior to reimbursements. Programs must adhere to line item budgets, except where fixed price contracts are negotiated. Client enrollment and reporting documents are received monthly with reimbursement requests. Only one reporting document is used for all services, except diagnostic and evaluation services which has a special reporting document. Mississippi's contract management and accountability system can boast the lack of federal audit exceptions.

GAPS IN SERVICE PROVISION

Several gaps in services exist in Mississippi's comprehensive social service programs. These gaps can be stated thusly:

1. Present services need to include more fee paying clients. Only day care and work activity services are available for a fee.
2. More day care programs for children and adults need to be developed for statewide coverage. Thirty-three contracts provide day care for children and eleven programs for adult handicapped.
3. Emergency Shelter in more geographic areas needs to be developed; and a similar service defined for adult handicapped.

4. More comprehensive residential centers need to be developed for the deinstitutionalized individuals.
5. Subsidized foster homes especially for retarded children need to be recruited.
6. Programs for the gifted/talented child need to be developed.
7. Direct social services to pupils, parents, teachers, administrators and other support personnel in public school systems is a great need.
8. More work activity centers are needed for the older child and adult.

PROBLEMS FOR THE FUTURE - THE CHALLENGE OF TOMORROW

Since the implementation of Title XX, the State of Mississippi has been in a unique position to plan and develop new services through Purchase of Service contracts because of its unexpended balance of Title XX funds. Because of successful community organization, administrative support from the Governor, State Welfare Board and Commissioner of Public Welfare and the first legislative appropriation for the next fiscal year, the unexpended balance of funds will significantly decrease. This may create problems in the area of expansion of services for handicapped persons because of the number of existing programs. If the maintenance of effort in dollars is consistently maintained, the challenge of tomorrow will be the competition for quality programs on a cost effective basis. Looking positively at this challenge, a problem could turn out to be of great benefit to the state's exceptional

children. Contractors will strive more to maintain quality programs for the least cost possible and the benefits will go to the population being serviced.

For a poor rural state such as Mississippi, one problem looms forth. With the signing of the Education for the Handicapped Act, PL 94-142, all children identified who need special education must be brought into the public school system by 1978. This is a very good law and deserves support from social workers and educators. The problem for Title XX and the public school systems now under contract is how to continue the quality of service provision with only one dollar, when Title XX gives 3 dollars for every one. What happens to the teacher aides, the social workers, the speech therapists, and the nurses now working with these children in the day care programs? Once this law is implemented Title XX will be prohibited from providing the same kinds of programs now available. The State Welfare Department can choose to contract, but the Department of Education is mandated to serve these children. The regulations for PL 94-142 will eventually be signed by the Secretary of Health, Education, and Welfare. Recent drafts of these regulations included school social work services under the definition of "related services". If this is the mandated regulation, these school social workers will no longer be fundable through Title XX.

It becomes increasing apparent that the Department of Health, Education and Welfare must be made aware of the problems that will confront school systems who do not have local funds to make up for the needed supportive services. Educational placement of a handicapped child should not have to relate to funding sources, but in reality this is the case. The State of Mississippi has for several years taken the responsibility for appropriating funds to the State Welfare Department

for its use in funding educational placements for developmentally disabled children if the needs cannot be met within the state or local community. Comprehensive social residential programs are sought in other states. Approximately 70 to 80 children a year from Mississippi are being served through this mechanism, and approximately 70 to 80 per cent of the expenditures are matched with Title XX federal funds.

The Mississippi Department of Public Welfare takes great pride in all programs presently funded through Title XX, and is especially proud of its commitment to give an equitable share of the funds to benefit exceptional children and adults. Even though these social service programs are in their infancy, and unmet needs still abound, the Department of Public Welfare in Mississippi will continue to strive to reach more handicapped persons through its comprehensive social service delivery system.

(This paper presented at the International Convention for Exceptional Children, Thursday, April 14, 1977, Atlanta, Georgia.)

It is with pride and enthusiasm that I introduce to you two of our Purchase of Service Contractors who will give you a brief overview of the programs they operate.

First, Dr. David Jones, is Assistant Superintendent of the Holmes County School District. Dr. Jones operates three day care programs for trainable mentally retarded children and also provides Special Services for the Handicapped for homebound students through a unique and innovative program.

Dr. Albert R. Hendrix, is the Director of the North Mississippi Retardation Center in Oxford, Mississippi. Dr. Hendrix operates three day care programs, a diagnostic and evaluation service component and special services for the handicapped. The staff from North Mississippi Retardation Center is at this same time presenting their program for this conference.